

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91739 001 ***367.50

DOCUMENT # N05479

1. Entity Name

DEERWOOD I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3511 S PENINSULA DR
 DAYTONA BCH. FL 32127
 US

Mailing Address

3511 S PENINSULA DR
 DAYTONA BCH. FL 32127
 US

73156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 S YONGE ST #1

3. Mailing Address

50 S YONGE ST #1

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

59-2688832

Applied For

Not Applicable

Zip

32174

Country

US-A

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SOLOMON, STANLEY~~
~~SOUTHEAST MANAGEMENT SERVICES, INC.~~
~~3511 S. PENINSULA DRIVE~~
~~DAYTONA BEACH FL 32127~~

7. Name and Address of New Registered Agent

Name

FREDRICK J PAGE

Street Address (P.O. Box Number is Not Acceptable)

PAGE ONE REALTY INC

50 S YONGE ST #1

City

ORMOND BEACH

FL

Zip Code

32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Fredrick J. Page

Signature, typed or printed name of registered agent and client applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LAFONTAINE, ALMA	
STREET ADDRESS	100 WHITE FAWN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAFONTAINE, ALMA	
STREET ADDRESS	100 WHITE FAWN DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUCKMAN, SID	
STREET ADDRESS	197 WHITE FAWN DR	
CITY-ST-ZIP	DAYTON BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MADSEN, NORMAN	
STREET ADDRESS	199 WHITE FAWN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MIKE	
STREET ADDRESS	194 WHITE FAWN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PERKINS	
STREET ADDRESS	190 WHITE FAWN DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	V-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFONTAINE, ALMA	
STREET ADDRESS	100 WHITE FAWN DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	(SEC/TRES)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMONA CARBALLO	
STREET ADDRESS	196 WHITE FAWN DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN PERKINS

4-26-01

904 323 0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)